

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>0</u>	<u>11/17/17</u>	<u>China City Cafe</u>
Follow-up		<input checked="" type="checkbox"/>		TIME IN	TIME OUT
Complaint			RATING	<u>2:15 pm</u>	<u>3:00 pm</u>
Investigation				SANITARY PERMIT NO.	LOCATION (Address)
Other:			<u>A</u>	<u>170003067</u>	<u>6112 N. Marine Dr. Lot 2 Tract 100 Blk 1</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>Restaurant</u>				<u>1</u>	<u>637-1268</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties				6
Employee Health						
2	(IN) OUT	Management awareness; policy present				6
3	(IN) OUT	Proper use of reporting, restriction & exclusion				6
Good Hygienic Practices						
4	(IN) OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use				6
5	(IN) OUT N/A N/O	No discharge from eyes, nose, and mouth				6
Preventing Contamination by Hands						
6	(IN) OUT N/A N/O	Hands clean and properly washed				6
7	(IN) OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				6
8	(IN) OUT	Adequate handwashing facilities supplied & accessible				6
Approved Source						
9	(IN) OUT	Food obtained from approved source				6
10	(IN) OUT N/A N/O	Food received at proper temperature				6
11	(IN) OUT	Food in good condition, safe, and unadulterated				6
12	(IN) OUT N/A N/O	Required records available: shellstock tags, parasite destruction				6
Protection from Contamination						
13	(IN) OUT N/A	Food separated and protected				6
14	(IN) OUT N/A	Food contact surfaces: cleaned & sanitized				6
15	(IN) OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food				6
Potentially Hazardous Food (TCS Food)						
16	(IN) OUT N/A N/O	Proper cooking time and temperatures				6
17	(IN) OUT N/A N/O	Proper reheating procedures for hot holding				6
18	(IN) OUT N/A N/O	Proper cooling time and temperatures				6
19	(IN) OUT N/A N/O	Proper hot holding temperatures				6
20	(IN) OUT N/A	Proper cold holding temperatures				6
21	(IN) OUT N/A N/O	Proper date marking and disposition				6
Consumer Advisory						
22	(IN) OUT N/A	Consumer Advisory provided for raw or undercooked foods				6
Highly Susceptible Populations						
23	(IN) OUT N/A	Pasteurized foods used; prohibited foods not offered				6
Chemical						
24	(IN) OUT N/A	Food additives: approved and properly used				6
25	(IN) OUT	Toxic substances properly identified, stored, used				6
Conformance with Approved Procedures						
26	(IN) OUT N/A	Compliance with variance, specialized process, and HACCP plan				6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27		Pasteurized eggs used where required				1
28		Water and ice from approved source				2
29		Variance obtained for specialized processing methods				1
Food Temperature Control						
30		Proper cooling methods used; adequate equipment for temperature control				1
31		Plant food properly cooked for hot holding				1
32		Approved thawing methods used				1
33		Thermometer provided and accurate				1
Food Identification						
34		Food properly labeled; original container				1
Prevention of Food Contamination						
35		Insects, rodents, and animals not present				2
36		Contamination prevented during food preparation, storage & display				1
37		Personal cleanliness				1
38		Wiping cloths: properly used and stored				1
39		Washing fruits and vegetables				1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						
Person in Charge (Print and Sign)						
<u>Chia Hsiang Jun</u>						
DEH Inspector (Print and Sign)						
<u>Jerome Garcia EPH-1</u>						
				Date:		
				<u>11/17/17</u>		
				Follow-up (Circle one): YES NO		
				<u>NO</u>		
				Follow-up Date		

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ESTABLISHMENT NAME <u>China City Cafe</u>		LOCATION (Address) <u>Calvo Center</u> <u>6112 N. Marine Dr. Lot 2 Tract 100 Bldg 1</u>
INSPECTION DATE <u>11 / 17 / 17</u>	SANITARY PERMIT NO. <u>170003667</u>	PERMIT HOLDER <u>Chao's Corporation</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A follow-up inspection was conducted.
Previous inspection dated 11/16/17 establishment remained closed because they did not correct all violations / cockroach activity still observed.

The following was observed:
items # 8, 35, 45, 46, 49, and 52 have been corrected

Photos were taken
briefed PIC on this inspection
Removed "D" placard no. 00928
Removed notice of closure placard
Issued "A" placard no. 02995
Issued Sanitary Permit Payment Routing slip

A \$100 re-instatement fee shall be payable to the Department of Public Health and Social Services. ~~After~~^{OK} after this follow-up inspection is done, prior to opening

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <u>Derien Mitchell EPH-11</u>	Date: <u>11/17/17</u>
DEH Inspector (Print and Sign) <u>Jerome Garcia EPH-1</u>	Date: <u>11/17/2017</u>